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Suicide and Public Health*

HERBERT BAUER, M.D., M.P.H., Yolo County

Medical literature is replete with references to suicide from medical toxicological, surgical, cultural and psychiatric points of view. Many writers have discussed the treatment of patients who have attempted suicide, or have described the ways in which persons succeeded in killing themselves. Psychiatrists usually stress the importance of watching states of depression in an effort to prevent suicide, and describe individual cases of depression such as reactive, hysterical, manic-depressive, involutional and presenile; but nowhere in the literature, it seems, is there any attempt to present suicide as a public health problem.

As a criterion of public health significance, it may perhaps be asked whether a particular problem significantly affects the health and happiness of people and, secondly, whether it affects a large enough proportion of the population to constitute a public health problem. The first consideration will be readily acknowledged; suicide does indeed affect health and happiness; if the triteness of the statement can be forgiven, suicide is a fatal disease. The second consideration, the relative magnitude of suicide as a cause of death, is generally underestimated. On a national scale, suicide is ninth among the causes of death and exceeds tuberculosis in many areas. More-

Suicide as a public health problem is generally underestimated. Deaths from suicide annually outnumber those from cancer of the respiratory system or of other common sites; more than twice as many die by suicide as from most communicable diseases combined. Most suicides are motivated by concern over ill health or domestic difficulties.

A program tried in Yolo County to follow up persons who have attempted suicide indicates that a more systematic and widespread effort in this direction might be of value to the public health.

It is recommended that attempts at suicide be considered a reportable disease for a one-year period and that a state-wide program for following the patients be put into effect to provide rehabilitation as well as symptomatic treatment. Efforts by local health departments and private physicians are also worth while in reducing attempts at suicide.

over, among persons aged 55 to 69 years, suicide ranks in many tabulations as fourth or fifth among the causes of death. During the past 10 years, 167,624 persons have killed themselves in the United States. In 1949, the last year from which complete and official census reports are available, deaths from malignant neoplasm of the respiratory system numbered 19,518; from malignant neoplasm of the breast, 18,553; from suicide, 16,993. In the same year about as

many persons died by suicide as died of congenital malformation.

The national death rate from suicide for all ages was 11.4 per 100,000 in 1949 (in Los Angeles, 16.5), but for the age bracket 65 to 69 it was 31.5, or more than one-third higher than the present over-all mortality rate for tuberculosis. In that year deaths per 100,000 population due to cancer of the respiratory system numbered 13.1; due to cancer of the breast, 12.5; due to suicide, 11.4. Surely no one would question the public health significance of malignant disease of the respiratory system or of the breast.

Comparison of the number of deaths from suicide with those from infectious diseases is even more impressive: The total of deaths from typhoid fever, dysentery, scarlet fever and other streptococcal infections, diphtheria, whooping cough, poliomyelitis, meningococcal infections, measles, typhus and malaria is only half the figure for suicide. If to this total is added the number of persons in the United States

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dying from syphilis and its sequelae, the figure for deaths from suicide is approximated.

Those are national rates, and it could perhaps be hoped the figures in California for the same year would be in different proportion. The fact is, however, that the incidence of suicide in California is relatively high. In 1949 more persons in California died by suicide than of causes which have long been recognized as outstanding public health problems:

Cancer of the breast	1,450
Chronic rheumatic heart disease	1,499
Cancer of the respiratory system	1,515
Diseases peculiar to early infancy	1,563
Cancer of the female genital organs	1,564
Pneumonia	1,669
Suicide	1,738

About twice as many persons die in automobile accidents as by suicide, although it is of course unknown how many among those are accident-prone persons who wish to die.

It is customary in discussing any public health problem to use the so-called epidemiologic approach. From this point of view it may be asked, who attempt suicide, what are their motives, and what proportion succeed? The proportion of successful attempts varies with different motives; the rate of attempts is generally higher among women, but the rate of success is lower.

According to figures collected by the Metropolitan Life Insurance Company, ill health is the leading cause of suicide (40 percent) in males, and about 50 percent of attempts at suicide by males are successful when ill health is the motive. In women, about 20 percent of attempts at suicide are due to ill health and about 25 percent of attempts are successful. (This should be of particular interest to physicians, as it seems reasonable that giving a patient more definite information about the state of his health and supplying psychological support would eliminate much uncertainty and might thus help to avert an attempt at suicide.)

Inversely, only about 30 percent of suicides among males are due to domestic difficulties and only 4 percent to unhappiness in love, these suicides representing 14 percent and 10 percent, respectively, of all attempts by males due to these motives, while among women domestic difficulties including unhappiness in love are the motive for 50 percent of suicides but only 2 percent of attempts due to domestic difficulty are successful, as are only 0.88 percent of attempts due to unhappiness in love.

In light of these figures it would seem important to pay attention to the most common motivations and to plan all possible psychological and physiological rehabilitation in persons who have attempted suicide. Ideally, of course, prevention would start before the

first attempt, but for this there is seldom an opportunity. The tendency to repeated attempts, however, is illustrated by a 10-year survey of 381 patients admitted to a general hospital after attempts at suicide in which it was found that 64 had made at least 105 previous attempts. In a third of the 381 a previous diagnosis of mental illness had been made. Ill health and domestic difficulties were the leading motives for attempts at suicide. One-half of the men and one-third of the women were excessive drinkers, and in such persons alcoholism may perhaps be considered gradual suicide in situations of unbearable frustration.

It appears that in most hospitals, unfortunately, practically all persons admitted after attempts at suicide are treated on a purely symptomatic basis. Stomachs are washed out, wrists are sutured, bullets are extracted, fractures and dislocations are reduced, and the patients are sent on their way in the hope that the experience will teach them a lesson.

As some health departments conduct emergency hospitals or other medical facilities, it was thought that at least in those institutions more attention might be given to causative factors in suicide. To verify this, the authors studied the case reports of 62 patients aged 18 to 73 years, who in 1951 were admitted to an emergency hospital operated by a public health department after they had attempted suicide. Here also the main treatment was medical or surgical and the patients were released without further follow-up. It was then decided to attempt a routine follow-up in Yolo County on all patients who are admitted to hospitals or clinics following a suicidal attempt. It was arranged with the county hospital and with some private physicians, as well as with certain law-enforcing agencies, that they would notify the health department of all attempts at suicide coming to their attention. A public health nurse visits the patient while he is still in the hospital or in his home if he is not hospitalized. The main task of the public health nurse is to give the patient support and make him feel that other people in his community are interested in his well-being. Furthermore, in suitable instances, it is her duty to refer the patient either to his physician for further evaluation or to such agencies as a mental hygiene clinic or the welfare department who may be able to relieve some of the pressures that have led to an attempt at suicide.

In many cases, particularly those referred from the county hospital or from public agencies, the follow-up is made by the health department.

DISCUSSION AND RECOMMENDATIONS

It cannot be concluded, from the small number of cases in the somewhat unsystematic program here

presented, whether the program is really of public health benefit. Nevertheless, it seems likely that while it is difficult to prevent first attempts at suicide, decisive action by community agencies may well prevent a large number of later attempts. Generally county hospitals and some private hospitals and other institutions welcome interest by the health department in cases of attempted suicide, as they have no facilities for follow-up in these cases.

As the health officer in many communities is on the staffs of local county and private hospitals, usually as a consultant in communicable diseases, it may be wise to expand his duties to the field of mental health. As a member of his local medical society, the health officer may be instrumental in promoting understanding among physicians as to the importance of ill health as the leading motive for suicide.

If, for a period of one year, it were required that all attempts at suicide be reported like reportable diseases, patients recovering from such attempts could be asked to participate in a control program which would extend to a follow-up of perhaps 10 years. In that length of time it would be possible to determine whether such follow-up had a significant effect on the death rate. Probably most physicians would be willing to participate in a program to decrease not only deaths but also the serious economic loss and disruption of families caused by suicide. It is hoped that this suggestion will be given serious consideration; but even without such a program on a state-wide basis it seems certain that individual physicians could do much more than to regard persons who have attempted suicide as mere nuisances who disrupt hospital routine and who are to be dismissed as soon as effective first aid has been given.

Half an hour ago someone in the United States committed suicide. Another has done so as these words are read; the average is a suicide every 30 minutes. These two persons are dead, and no further follow-up can help them. They have failed society, and society has failed them. But in the same half hour another 20 persons have attempted suicide. Now their stomachs are being emptied, wounds are being repaired, bullets extracted. These patients will be dismissed in the hope that they will never return. Some, however, will attempt suicide again and fail again; others will be among the yearly 22,000 persons who kill themselves in the United States. That number, incidentally, is almost exactly the number of American soldiers killed in Korea in three years of war. It behooves physicians, both professionally and as citizens, to learn how to help persons who might commit suicide.

Public Health Positions

Contra Costa County

Assistant Health Officer. Salary range, \$777-\$933. Final filing date, January 22d. Date of examination, February 6th. Applicant must possess license to practice as a physician and surgeon in California, or be eligible for license. Two years of full-time public health medical experience with administrative responsibilities is required. Successful completion of one year of graduate study toward a master's degree in public health, or one year of postgraduate training, or one year of full-time experience in an accepted specialty in an approved hospital may be substituted for one year of the required experience.

Supervising Public Health Nurse. Salary range, \$410-\$492. Final filing date, January 22d. Date of examination, February 6th. Applicant must be registered as a public health nurse in California and have at least three years of public health nursing experience. One year of full-time graduate training in public health may be substituted for one year of the required experience.

For further information on the above positions write Contra Costa County Civil Service Commission, Room 229, Hall of Records, Martinez.

Humboldt-Del Norte County

Sanitarian. Salary, \$297 if no previous sanitation experience and \$314 for an experienced sanitarian. Car is provided and expenses for meals and lodging while away from duty station. Apply to John A. Carswell, Humboldt-Del Norte County Health Officer, Box 857, Eureka.

Ventura County

Bacteriologist. Staff position. Salary range, \$310-\$378. California Public Health Bacteriologist license required. For further information write to: Frank E. Gallison, M.D., Director, Ventura County Health Department, Courthouse, Ventura.

State Department of Public Health

Associate Industrial Hygiene Engineer. Final filing date, January 29th. Examination date, February 13th. Salary range, \$415-\$505. Positions are located in Berkeley and Los Angeles. Applicants must have two years of experience in general engineering work at least one year of which must be in public health engineering. Completion of one year of postgraduate work in public health engineering, including industrial hygiene, the etiology of occupational diseases, and public health administration, may be substituted for one year of the required experience.

Associate Sanitary Microbiologist. Final filing date, March 5th. Examination date, March 27th. Salary range, \$481-\$584. This position is in Berkeley. Applicant must have college major in microbiology or chemistry with courses in sanitary, food or industrial microbiology as a minor. Requires three years of full-time paid experience in making microbiological and chemical analyses, two years of which must have been in making a wide variety of tests in the field of sanitary microbiology. One year of graduate work in this field may be substituted for one year of experience.

California residence is not required for these state positions.

Dept. of Health, Education and Welfare Revises Regional Boundaries

Under a revision of regional boundaries by the U. S. Department of Health, Education and Welfare following the closing of the Cleveland, Ohio, regional office, the San Francisco regional office, previously designated at Region X, now becomes Region IX. There is no change in the boundaries of this region, which serves Arizona, California, Nevada, Oregon, Washington, Alaska, and Hawaii. Richard Boyd, M.D., is the medical director of Region IX, with headquarters in the Federal Office Building, San Francisco.

STATE BOARD APPOINTS 1954 CONSULTANTS AND COMMITTEES

Advisory committees and consultants to serve during 1954 were appointed by the State Board of Public Health at their meeting January 8th in Los Angeles. As in past years, the committees and consultants will continue their valuable guidance services to the on-going program of public health in California.

Three new committees have been added this year—an *Advisory Committee on Sanitary Engineering*, an *Advisory Committee on the Care and Use of Laboratory Animals*, and an *Advisory Committee on Residency Training*.

The *Advisory Committee on the Care and Use of Laboratory Animals* was formed to assist the department in its responsibility for the regulation of the use of animals in the diagnosis and treatment of human and animal diseases and for research. This responsibility was vested in the department by the 1951 Legislature.

The *Advisory Committee on Residency Training* was formed to meet a requirement of the American Board of Preventive Medicine in accepting California as a residency training area for physicians in public health. This committee will concern itself with the development, content, and improvement of the training plan, the policies and procedures in effecting the program inclusive of instructional techniques and the periodic evaluation of all phases of the training given. The American Board of Preventive Medicine is a new specialty board recently approved by the American Medical Association.

The new *General Advisory Committee to the Crippled Children Services* has been reorganized to include greater representation of the California Conference of Local Health Officers. As part of this change, the Conference has discontinued its Study Committee on Crippled Children Services. Special consultants to the Crippled Children Services have been discontinued.

Discontinued this year is the *Educational Advisory Committee on Field Training*. Also discontinued is the consultant in Hansen's Disease.

In addition to the advisory committees and consultants listed below, a five-member Hospital Advisory Board, and an eight-member Advisory Hospital Council are appointed by the Governor to advise the State Department of Public Health and the State Board of Public Health in matters pertaining to the hospital program.

The 1954 advisory committees and consultants are as follows:

ADVISORY COMMITTEES

Morbidity Research Project Advisory Committee

Rodney R. Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford University School of Medicine, San Francisco; Roger J. Burkhardt, M.D., San Jose; David Frost, M.D., Health Officer, City of Alameda; Mr. M. I. Gershenson, Chief, Division of Labor Statistics and Research, Department of Industrial Relations, San Francisco; J. Norman O'Neill, M.D., Los Angeles; E. L. Place, Business Manager, St. Helena Sanitarium; George S. Roche, Chief, Research and Statistics State Department of Employment, Sacramento; Edward S. Rogers, M.D., Professor of Public Health and Medical Administration, University of California School of Public Health, Berkeley; Mr. J. R. Sauerwein, Jr., Claims Manager, Blue Cross Plan, Los Angeles; Charles E. Smith, M.D., Dean, University of California School of Public Health, Berkeley; Bert S. Thomas, M.D., Medical Director, Department of Employment, Sacramento; C. V. Thompson, M.D., Lodi; Francis E. West, M.D., San Diego; Jacob Yerushalmy, Ph.D., Professor of Biostatistics, University of California School of Public Health, Berkeley.

Advisory Committee on Sanitarians' Standards

Elmer M. Bingham, M.D., Health Officer, San Joaquin Local Health District, Stockton; Walter S. Mangold, Associate Professor of Public Health, University of California School of Public Health, Berkeley; Stanley Martin, Director, Bureau of Sanitation, Los Angeles County Health Department; Edward W. Munson, Director of Sanitation, Monterey County Health Department, Salinas; Charles L. Senn, Engineer-Director, Bureau of Sanitation, Los Angeles City Health Department; Everett M. Stone, M.D., Health Officer, Riverside County, Riverside.

Vector Control Advisory Committee

J. B. Askew, M.D., Director of Public Health, San Diego County Health Department; Erwin P. Brauner, M.D., Director of Public Health, Tulare County Health Department, Visalia; S. F. Dommes, Jr., Engineer-Director, Division of Environmental Sanitation, Oakland City Health Department; Stanley B. Freeborn, Ph.D., Provost, College of Agriculture, University of California, Davis; Harold B. Gotaas, Sc.D., Professor of Sanitary Engineering, University of California, Berkeley; Everett M. Stone,

M.D., Health Officer, Riverside County, Riverside; C. Donald Grant, Manager, San Mateo County Mosquito Abatement District, Burlingame; Harold F. Gray, Engineer-Manager, Alameda County Mosquito Abatement District, Oakland; Frank M. Prince, Chief, San Francisco Field Station Section, Communicable Disease Center, U. S. Public Health Service, San Francisco; William C. Reeves, Ph.D., Associate Professor of Epidemiology, University of California School of Public Health, Berkeley; E. Chester Robinson, Manager, East Side Mosquito Abatement District, Modesto.

Advisory Committee on School Audiometry

W. D. Currier, M.D., Pasadena; George Davis, Audiometrist, Stanislaus County Schools, Modesto; Helen Kennedy, Ph.D., Chairman, Department of Audiology, Los Angeles State College; Mrs. Vivian Lynndelle, Bureau of Special Education, State Department of Education, Sacramento; Robert Chamberlain McNaught, M.D., Stanford University Hospital, San Francisco.

Advisory Committee on Dental Health

R. W. McNulty, D.D.S., Dean, School of Dentistry, University of Southern California, Los Angeles; W. Stuart Neblett, D.D.S., State Board of Dental Examiners, Riverside; Edward J. Robes, D.D.S., California State Dental Association, Woodlake; A. E. Saunders, D.D.S., Southern California State Dental Association, Long Beach; Edmund V. Street, D.D.S., College of Dentistry, University of California, San Francisco; John Tocchini, D.D.S., Dean, School of Dentistry, College of Physicians and Surgeons, San Francisco.

Advisory Committee on Sanitary Engineering

John S. Longwell, Oakland; Burton S. Grant, Chief Engineer of Water Works and Assistant Manager, Department of Water and Power, Los Angeles; Harold B. Gotaas, Sc.D., Professor of Sanitary Engineering, University of California, Berkeley; Jack E. McKee, Associate Professor of Sanitary Engineering, California Institute of Technology, 1201 E. California Street, Pasadena; William J. Fox, Los Angeles County Engineer and Surveyor; William J. O'Connell, Jr., Industrial and Chemical Engineering Consultant, Burlingame; Hubert Ferry, Vice President, Union Oil Company, Los Angeles; Harold J. Flannery, City Engineer, San Jose. (This committee will also include two health officers to be nominated by the Conference of Local Health Officers for action at a later date.)

Clinical Laboratory Technicians Advisory Committee

Northern Committee: Paul G. Hattersley, M.D., Sacramento; Lucien D. Hertert, San Francisco; Houghton Gifford, M.D., San Francisco; Herbert G. Johnstone, Ph.D., University of California School of Medicine, San Francisco; Mrs. Rosalae E. F. Vell, Alta Bates Hospital, Berkeley.

Southern Committee: Milo D. Appleman, Ph.D., Chairman, Department of Bacteriology, University of Southern California, Los Angeles; Roger D. Coleman, Long Beach; George D. Maner, M.D., Los Angeles; E. K. Markell, M.D., Department of Infectious Diseases, University of California Medical School, Los Angeles; Maxine Wertman, Alhambra.

Advisory Committee on Blood and Blood Derivatives

Jesse W. Allen, M.D., Director, Blood Program, American National Red Cross, San Francisco; T. S. Kimball, M.D., Glendale; George D. Maner, M.D., Los Angeles; Curtis E. Smith, M.D., San Francisco; John Upton, M.D., San Francisco.

Advisory Committee on Care and Use of Laboratory Animals

Gerson Biskind, M.D., Ph.D., San Francisco; Bennett J. Cohen, D.V.M., University of California Medical School, San Francisco; Harry Deuel, M.D., Dean of the Graduate School, University of Southern California, Los Angeles; Joel F. Gustafson, Ph.D., Assistant Professor of Biological Science, San Francisco State College; William Nathan Reich, Diablo Medical Laboratory, Walnut Creek.

Technical Advisory Committee on Fish Canning Research

George Christo, Northern Packing Company, San Francisco; Dr. J. B. Esty, National Cannery Association, Berkeley; Jack Gorby, California Marine Curing and Packing Company, Terminal Island; J. E. McConkie, California Packing Corporation, San Francisco; T. D. Sanford, F. E. Booth Company, San Francisco; Dr. Sven Lassen, Van Camp Laboratories, Terminal Island; Robert K. Pedersen, French Sardine Company, Terminal Island; George Wilkinson, Coast Fisheries Division, Quaker Oats Company, Wilmington.

Cannery Inspection Board

N. C. Coan, Proprietor, Animal Foods Company, San Jose; George A. Gooding, California Packing Corporation, San Francisco; S. J. Tupper, President, Olive Products Company, Oroville; Gilbert C. Van Camp, Van Camp Sea Food Company, Terminal Island.

Statutory Members

K. F. Meyer, M.D., Medical Director, Hooper Foundation, University of California Medical School; Wilton L. Halverson, M.D., State Director of Public Health.

General Crippled Children Services Advisory Committee

Lily Harris, D. O., Oakland; R. B. McClellan, County Supervisors Association, Lompoc; Francis West, M.D., San Diego; Clifford Loos, M.D., Los Angeles; Hollis Carey, M.D., Gridley; Leon Oliver Desimone, M.D., Los Angeles; Burt L. Davis, M.D., Palo Alto; Warren Griffith, San Francisco; Mrs. Marvin Owen, North Hollywood; W. Elwyn Turner, M.D., Health Officer, Santa Clara County Health Department; Harold D. Chope, M.D., Health Officer, San Mateo County Health Department; Edward Lee Russell, M.D., Health Officer, Orange County Health Department; Maxwell M. Andler, M.D., Physically Handicapped Children's Program, Los Angeles County; Don Jensen, Superintendent of Welfare and Institutions, Fresno County; Lawrence Arnstein, San Francisco; Edward K. Prigge, M.D., Modesto; Charles L. Dimmler, M.D., Oakland; Merl Carson, M.D., Los Angeles; Dwight H. Trowbridge, M.D., Fresno; John P. Lordan, M.D., Los Angeles; Nelson Keeler, M.D., Oakland; Victor Goodhill, M.D., Los Angeles; Henry Eagle, M.D., Redding; Roy A. Ouer, M.D., San Diego; Horace E. Klabunde, M.D., San Francisco; George Webster, M.D., Pasadena; W. P. Germain, Administrator, Valley Children's Hospital, Fresno.

Advisory Committee on Residency Training

Rodney Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford University School of Medicine, San Francisco; Charles E. Smith, M.D., Dean, University of California School of Public Health, Berkeley; Ernest Page, M.D., University of California Medical School, San Francisco; Harold D. Chope, M.D., Health Officer, San Mateo County Health Department; Elmer M. Bingham, M.D., Health Officer, San Joaquin Local Health District; Dr. J. Paul Leonard, President, San Francisco State College, San Francisco; H. Gordon MacLean, M.D., Oakland.

CONSULTANTS**Curators of the Unclaimed Dead**

Northern California: J. B. deC. Saunders, F.R.C.S., Professor of Anatomy, University of California Medical School, San Francisco.

Southern California: Paul R. Patek, M.D., Department of Anatomy, University of Southern California, Los Angeles.

Adult Health

Rutherford T. Johnstone, M.D., Los Angeles; Rodney R. Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford School of Medicine, San Francisco.

Bacteriology

Charles M. Carpenter, M.D., Professor of Infectious Diseases, University of California School of Medicine, Los Angeles.

Health Education

Walter H. Brown, M.D., Palo Alto; Dr. George Foster, Professor of Anthropology, University of California, Berkeley; Dorothy B. Nyswander, Ph.D., Professor of Public Health Education, University of California School of Public Health, Berkeley; Dr. Paul H. Sheats, Professor of Anthropology, University of California, Berkeley.

General

Karl F. Meyer, M.D., Hooper Foundation, University of California Medical School, San Francisco.

Hospital Administration

C. V. Thompson, M.D., Chief of Staff, Lodi Memorial Hospital, Lodi; Thomas Langdon, Administrator, Hahnemann Hospital, San Francisco; Paul C. Elliott, Administrator, Hollywood Presbyterian Hospital, Los Angeles.

Cerebral Palsy

Margaret Jones, M.D., Glendale; Kenneth Jacques, M.D., Los Angeles; Malvern Dorinson, M.D., San Francisco.

Cardiology (Formerly Rheumatic Fever)

Harold Rosenblum, M.D., San Francisco; Louis Martin, M.D., Los Angeles.

Parasitology

Herbert G. Johnstone, Ph.D., University of California School of Medicine, San Francisco.

School Health Nursing

Miss Margaret Cree, Director of Nurses, Fresno City Schools.

Toxicology

Charles Hines, M.D., Ph.D., University of California Medical School, San Francisco.

Tuberculosis

F. M. Pottenger, M.D., Pottenger Sanatorium and Clinic, Monrovia; Dr. Buford Wardrip, Alum Rock Sanatorium, San Jose.

Veterinary Medicine

George H. Hart, D.V.M., University of California College of Agriculture, School of Veterinary Medicine, Davis.

Annual Child Safety Crusade Scheduled for April

The annual child safety crusade sponsored throughout California and the 11 western states by the Prudential Insurance Company will be repeated again in 1954. The date set for this year is April 25th through 30th.

The crusade is conducted through local health departments. Last year health departments serving 110 western cities joined in the program. Most all of these received outstanding cooperation from the press and radio in carrying the child safety story to the public.

As in previous years, Prudential will make available without charge to each health department complete kits of material covering newspaper publicity, radio spot announcements and prepared talks for speakers. Another kit will contain a selection of samples of available literature which may be ordered for distribution to the public.

New features for the 1954 program will include a color motion picture film on child safety, competitive among newspapers offering cash and other awards for the best stories promoting child safety, a new poster, a flip chart for use by speakers, and an unlimited supply of a check list on prevention of home accidents for use by parents.

The program is conducted as a public service by Prudential Insurance Company.

Health Officer Changes

Amador County

City of Jackson. Mr. Guy Tofanelli has been appointed health officer to succeed Mr. George Milardovich.

Fresno County

City of Coalinga. William H. Gilliatt, M.D., succeeds Anthony Fiorica, M.D.

University Extension Courses Scheduled by UCLA

Two nursing classes and a group of related courses will be included in the spring class catalog of University of California extension classes in Los Angeles.

Mrs. Helen L. Salmon, industrial nurse consultant with the Los Angeles City Health Department, and member of the division of occupational health, will conduct a course in development and principles of industrial nursing, which starts Thursday, February 18th, at the Los Angeles City Health Department's Hollywood-Wilshire Health Center, 6501

Fountain Avenue. Eighteen consecutive weekly meetings will make up the course, which will be an interpretation of in-plant services and the functions of the nurse in industry.

Miss Ruth P. A. Freet, R.N., who is assistant professor of nursing at U. C. L. A., will conduct an extension course on The Nurse in the Hospital Nursing Service, which meets on Thursdays from 5.30 to 7.30 in Room T-17, Wadsworth General Medical and Surgical Hospital, Veterans Administration Center, West Los Angeles, starting February 18th. There will be 15 weekly meetings.

For further information on these and February classes in school health education, introductory psychology and educational psychology, as well as other subjects a catalog is available without charge on request to University Extension, Los Angeles 24 (BR adshaw 2-6161).

Dr. Condit Becomes V. D. Bureau Chief

Philip K. Condit, M.D., was appointed Chief of the Bureau of Venereal Diseases, California State Department of Public Health, effective January 1, 1954. He succeeds A. Frank Brewer, M.D., who resigned in December to become Merced County Health Officer. (*California's Health*, December 15, 1953.)

Dr. Condit has been Assistant Chief of the Bureau of Venereal Diseases since 1949. He had originally joined the staff of the State Health Department in 1938 as medical officer and returned 10 years later as Assistant Chief of the Bureau of Venereal Diseases. In the interim he was assistant surgeon with the U. S. Public Health Service and served six years as medical officer with the U. S. Navy, leaving with the rank of commander. Immediately prior to rejoining the State Health Department staff, Dr. Condit had been Assistant Health Officer of the Oakland City Health Department for three years.

SPECIAL CENSUS RELEASES

Series P-20. School Enrollment, Educational Attainment, and Illiteracy, October, 1952 (45); Mobility of the Population of the United States, April, 1952, to April, 1953 (49); Marital Status, Year of Marriage, and Household Relationship, April, 1953 (50); School Enrollment Continues to Rise (advance data for October, 1953) (51). Series P-25. Provisional Estimates of the Population of the United States, January 1, 1950, to September 1, 1953 (82); Coordination of Population Estimates Used by Federal, State and Local Agencies (81); Projections of School Enrollment in the United States, 1953 to 1965 (85); Provisional Estimates of the Population of the United States, January 1, 1950, to November 1, 1953 (86). Series P-50. Marital Status of Workers: April, 1953 (50).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce, 315 Flood Building, 870 Market Street, San Francisco, California, or at 502 Rives-Strong Building, 112 West Ninth Street, Los Angeles, California.

In ordering, specify series and number as shown in parentheses.

Yearly Institute for School Nurses Held at Sacramento

For the past eight years the Bureau of Public Health Nursing of the State Department of Public Health has conducted yearly institutes for nurses engaged in school health work in Northern California. The ninth such institute, and the first one to be co-sponsored by the State Department of Education, was held in the State Department of Education Building in Sacramento on December 10-12, 1953.

These institutes are planned primarily to extend consultation service to nurses who are employed on small staffs and who have limited opportunity to participate in staff education programs.

The program for the latest institute was designed in accordance with suggestions made by those who attended the previous one. It consisted of lectures, panel discussions, and a demonstration. Staff members of the State Departments of Education, Mental Hygiene, and Public Health took part in the program, as well as people from the various Northern California communities represented.

From the continued and increasing attendance at these meetings, the active participation of the group in the program sessions, and the comments from individuals, it is evident that the institutes meet the interests and needs of the nurses. There were 123 nurses from 23 counties in attendance at the 1953 institute. They represented 62 agencies—52 boards of education, nine health departments, and one visiting nurse service.

Progress in Mosquito Abatement Viewed at CMCA Conference

The 22d Annual Conference of the California Mosquito Control Association, held in Berkeley, December 2d-4th, was attended by over 200 North American mosquito control technologists, research workers, and public health personnel.

A principal theme of the sessions was keynoted in an address by Dr. A. W. Lindquist, In Charge, Division of Insects Affecting Man and Animals, U. S. Department of Agriculture, titled "Biological Research on Mosquitoes as a Basis for Their Control." Other highlights included panel discussions on educational methods in mosquito abatement, mosquito source reduction through private assumption of responsibility, and new information on insecticides. A

discussion of the unique Lake Vera, Nevada County malaria outbreak in 1952 was moderated by Dr. Lewis W. Hackett, Visiting Professor of Public Health, University of California School of Public Health. A team of the country's outstanding authorities on encephalitis, moderated by Dr. William C. Reeves, Associate Professor of Epidemiology, University of California School of Public Health, discussed the recent advances in this field.

Of extraordinary interest was an address on "The Legislature and Mosquito Control" by Assemblyman Ernest R. Geddes, who served as Chairman of the Assembly Public Health Committee's Subcommittee on Encephalitis during the 1953 General Session.

According to C. Donald Grant, Manager of the San Mateo County Mosquito Abatement District, newly elected president of the association, the proceedings and papers of the conference, edited by Harold F. Gray, Engineer Manager of the Alameda County Mosquito Abatement District, will be made available in published form at an early date.

Dr. Kupka to Be Viet Nam Adviser; Dr. Bush Is Acting TB Chief

Edward Kupka, M.D., Chief of the Bureau of Tuberculosis, has been granted a two-year leave of absence from the State Department of Public Health to take a foreign service assignment. He has accepted a commission from the U. S. Public Health Service and will serve as public health adviser to the Government of Viet Nam. His headquarters will be at Hanoi, French Indochina.

Dr. Kupka is now in Washington, D. C., for a brief period of orientation before leaving the United States.

In his absence Chesley Bush, M.D., will be acting chief. Dr. Bush has been Assistant Chief of the Bureau of Tuberculosis for the last four years. Until joining the staff of the State Department of Public Health Dr. Bush had been superintendent and medical director of Arroyo del Valle Sanatorium from 1919 and tuberculosis consultant to Alameda County hospitals from 1925. He is a past president of both the National Tuberculosis Association and the California Tuberculosis and Health Association.

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